



Connecticut Society of Certified Public Accountants

EDUCATIONAL TRUST FUND

MINORITY CPA EXAM CANDIDATE

REVIEW COURSE GRANT APPLICATION

The Educational Trust Fund (ETF) of the Connecticut Society of Certified Public Accountants has established this grant with the generous support of five major CPA Exam Review Courses to assist minorities in becoming CPAs in Connecticut by providing recipients with a fully paid CPA Exam Review Course. One of the six (6) available CPA Exam Review Course grants from these providers will be given to each recipient.

TO BE ELIGIBLE FOR THE MINORITY CPA EXAM CANDIDATE REVIEW COURSE GRANT YOU MUST:

1. Currently be a resident of the state of Connecticut; and/or currently employed or have accepted an offer of employment at a firm, company, or agency located in CT.
2. Be a minority, which for the purposes of this grant is defined as those of African American/Black, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino ethnic origin; and
3. Not being fully reimbursed for a CPA Exam Review Course by an employer or other source.

Please Note: Applicants must meet the criteria stated above at the time application is received.

APPLICATIONS MUST:

1. Include a sealed official copy of your college or university academic transcript(s).
2. Include a copy of Driver's License or if not a CT resident proof of CT employment with a copy of your offer letter (to satisfy eligibility requirement #1 above).

3. Be completed and submitted to:

Jill Brightman, ETF Liaison
Educational Trust Fund, c/o CSCPA
716 Brook Street, Ste. 100
Rocky Hill, CT 06067

APPLICATION SUBMISSIONS SENT VIA EMAIL OR FAX WILL NOT BE CONSIDERED BY THE ETF.

Applicants may expect to be notified if they will be awarded a CPA Exam Review Course Grant within 60 days of the ETF receiving the application.

APPLICATION

Name: _____
(Last) (First) (Middle Initial)

Permanent Address: _____
Minority Group:
 African American/Black Asian Hispanic/Latino
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander

Telephone: _____ E-Mail: _____

College/university in which you are enrolled or whose program you have completed to satisfy the educational requirement of the Connecticut State Board of Accountancy to sit for the CPA Exam:

Undergraduate Degree: _____ Overall GPA: _____

Graduate Degree: _____ Overall GPA: _____

(Application continued on back....)



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(Application continued from previous page....)

A. Please comment on why you believe you should receive this grant.

You may attach an additional sheet for items A & B

B. How will the CPA designation help you attain your professional career goals?

Does your current or future employer have a policy of reimbursing you for the cost of a CPA Exam Review Course? If so, what percentage? _____

If employed, name and address of employer: _____

If you are selected to receive a CPA Exam Review Course Grant, which method of study would you prefer? (Check all that apply.)

In-Class

Online

Homestudy

With which provider? _____

(Please note: If you are selected to receive a review course grant, your method of study and provider preference will of course be considered. However, due to the limited availability of the various review courses, you may not receive your first choice of CPA Exam Review Course provider.)

Have you ever taken a CPA Exam Review Course? If yes, when and with whom?

Are you a Pledge of the Connecticut Society of CPAs? Yes No

Please read the following and sign the application.

Through this application, I agree to permit the Trustees of the Educational Trust Fund to review my academic record and this application. The undersigned also gives up any rights to compensation for the use of or reproduction of the undersigned's photographic likeness; understanding that said likeness may appear in CSCPA and/or ETF publications.

Signature of Applicant

Date

Please Note: Many CPA Review Courses have expiration dates of one year from the time of notification of an awardee.